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STATEMENT OF

RECEIVED

FORM 1	ORGANIZ	AHON	FEC MA	-5 Alfi 9:34 I Optiige Use, Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, over the lines.		WE SEMIER
ILLINOIS SENA	TORIAL CAUC	US		
ADDRESS (number and street)	P. O. BOX 83	94		
(Check if address is changed)	DELRAY BEA	CH	, FL	33482
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES (Check if address is changed)			aucuses@ya	ahoo.com
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)				
2. DATE 10 '29 '2012 '				
3. FEC IDENTIFICATION N	UMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDE	D (A)	
I certify that I have examined the Type or Print Name of Treasure	RICHARD K		l belief it is true, correct	and complete.
Signature of Treasurer	Ruf		Date 10	' ' 29 ° ' 2012
NOTE: Submission of false, errone	eous, or inctimplete information	• •		,
Office Use Only		For further info Federal Election Toll Free 800-42 Local 202-694-1	4-9530	FEC FORM 1 (Revised 02/2009)